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Division of Corporations

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From:

Account Name : UNITED AGENT SERVICES LLC

Account Number : I20210000087

Phone : (866)246-2669 Fax Number : (520)333-2793

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FLORIDA LIMITED LIABILITY CO. KPA INTERNATIONAL BUSINESS L.L.C.

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T. BURCH

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May 13, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNITED AGENT SERVICES LLC

SUBJECT: KPA INTERNATIONAL BUSINESS L.L.C

REF: W21000066003

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Shareta Backey Regulatory Specialist II FAX Aud. #: H21000190178 Letter Number: 821A00010062

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKIR.LESON	JRG/E4ZATION FOI	KILOMDA (J	WILL PARK AND LAND	I I COMPANY		
ARTICLE 1 - Name:						
The name of the Limited Liability	Company is:					
KPA INTERNATION	AL BUSINESS L.L	.C.				
(Must contai	in the words "Limited	l Liability Cor	прапу, "L.L.С.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and street add	iress of the principal	office of the L	imited Liahility	Company is:		
<u>Principal</u>	Office Address:			Mailing Address:		
9100 Conroy Windern Windermere, FL 3478			9100 Conroy Windermere,	Windermere Road #200- FL 34786	UAS,	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its ow	n Registered /)r	
The name and the Florida street ac	ldress of the registere	ed agent are:			TALLAHASSE	.)]
	United Agent Servi	ces LLC			29 5	-
		Name			AHASSEE.	
	9100 Conray Winds	ermere Road #	200-UAS,		SE	
	Florida street addre	ss (P.O. Box 🛚	YOT acceptable)		1 ~
	Windermere	FL		34786	9: 9	Ċ

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

State

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Zip

(((k engenments)))

ARTICLE IV-

. 1

PISANI ANNA Via Ripalua n. 17. 66050 San Salvo (CH), Italy
Via Ripalta n. 17. 66050 San Salvo (CH), Italy
Via Ripalta n. 17. 66050 San Salvo (CH), Italy
ALLAH ASS
w:
of filing: (OPTIONAL) cliffe and cannot be more than five husiness days prior to or 90 da cet the applicable statutory filing requirements, this date will not be
f State's records.
on of the Italian Limited Liability Company: "KPA INTERNATING
<u>seppe Mazzii n. 25. 011495 Roma (RM)- Italy w/ Euro 1,000.00 fu</u> x code # 15949831000. Rome R.E. <u>A. RM-1625327</u>
COOK T CATTOON NOME ICENTER INTO TO BOOK I
nber or an authorized representative of a member)
d in accordance with section 603.0203 (1) (b), Florida Statutes.
nber or an <u>authorized representative of a member</u> , d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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